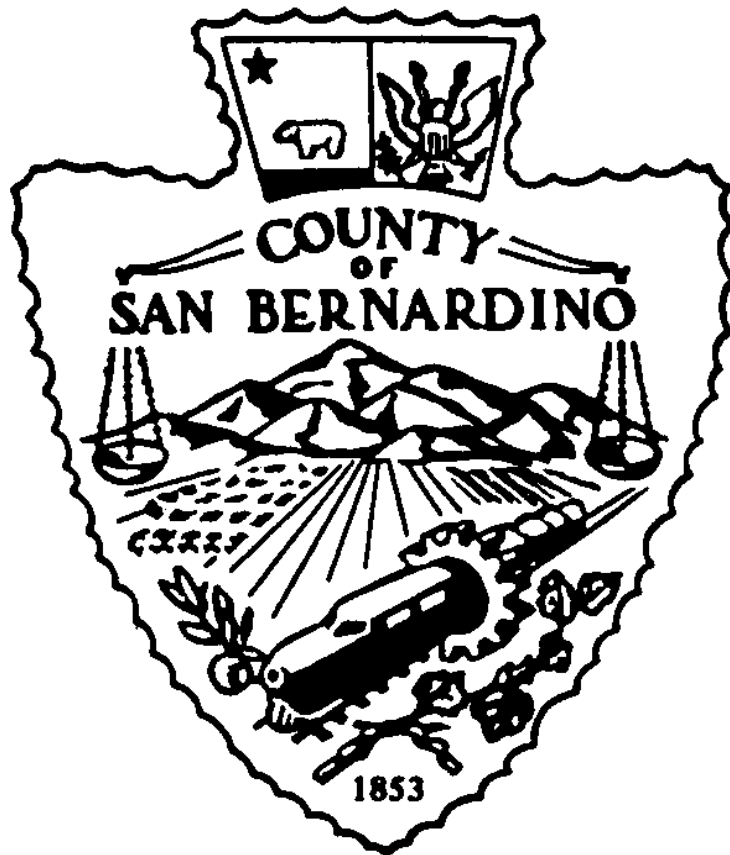


Hazard Report



**County of San Bernardino
Risk Management Division
HAZARD REPORT**

The instructions for completion are on the reverse side of this form.

This form is the tool for employees, supervisors or managers to report safety hazards. Imminent hazards which endanger County employees or the public should be immediately telephoned to Risk Management at (909) 386-8620, 386-8623.

After hours, call the Comm Center at (909) 356-3805 and ask them to contact appropriate Risk Management staff.

safety/docs/sftymnl/master/hazard report.doc

**County of San Bernardino
RISK MANAGEMENT DIVISION
HAZARD REPORT**

Reporting Employee (Optional)		Date
Department		
Location of Condition		
Description of Hazardous Condition or Unsafe Practice:		
Corrective Action Taken or Recommended:		
Date Corrective Action Taken	Signature	Phone Number

DO NOT WRITE BELOW — FOR FACILITIES MANAGEMENT USE ONLY

THE FOLLOWING CORRECTIVE ACTION HAS BEEN COMPLETED:	
Title	Signature

HOW TO COMPLETE HAZARD REPORT

Form No. 15-18582-000

The purpose of the Hazard Report (Form no. 15-18582-000) is threefold:

1. To provide all County employees a formal method to report unsafe facility/work conditions and job practices, either real or perceived.
2. To provide management a formal method to document corrective action taken on all reported unsafe conditions and/or practices, as well as a method to solicit aid or input from outside the department in correcting conditions and practices.
3. To notify appropriate individuals outside the reporting department that a condition or practice exists which requires assistance in resolving.

ROUTING

1. Originating department is to maintain canary copy. Its purpose is to diary the condition for department management control as well as to provide permanent documentation that reporting and correction of unsafe situations is occurring.
2. Originating department forwards pink copy to Facilities Management for information and/or action as is appropriate. Facilities Management forwards pink copy to Safety Section/Risk Management Division following correction.
3. Originating department forwards white copy to Safety Section/Risk Management Division. Safety Section will log condition, recommend and monitor correction, and delog as condition is resolved.

Top Portion of Form — For Employee and Department Use

1. **REPORTING EMPLOYEE** Full name of individual completing report. Reporting employee may exclude name if anonymity is desired. However, experience has shown that anonymously reported practices and conditions are frequently difficult to identify and correct.
2. **DATE** This should reflect the date report is actually completed.
3. **DEPARTMENT** Name of department where hazard exists.
4. **LOCATION** Complete address of where condition exists.
5. **DESCRIPTION** Report must include a description of condition or practice in detail sufficient to identify the problem.
6. **CORRECTIVE ACTION** An appropriate member of department management should review the report prior to routing. If condition is corrected within the department, report should so indicate. If necessary corrective action is beyond the scope of departmental correction, report should be routed with departmental recommendations.
7. **DATE CORRECTIVE ACTION TAKEN** This should reflect date that any actual departmental corrective action was completed.
8. **SIGNATURE** This should reflect the departmental individual, if any, who corrected condition or practice.
9. **PHONE NUMBER** This should include a telephone number of the individual whom Safety Section can call relative to the hazard.
10. **ANONYMITY** The purpose of the Hazard Report is to assure that unsafe conditions are corrected. It is for this reason that department management must be the initial step in form routing. Employees who perceive the need for anonymity are to direct the form to management in such a way as to protect their identity. Employees in such circumstances will need to xerox the report if a copy is desired.

Lower Portion of Form — For Facilities Management Use

1. **DATE** This should reflect date that report of corrective action is being prepared. The narrative of corrective action should include date of such correction.
2. **CORRECTIVE ACTION** This section should include a complete report of all action taken to correct condition.
3. **SIGNATURE** Signature of Facilities Management Supervisor responsible for corrective action.
4. **TITLE** Title of Supervisor signing report.